## **DECLARATION AND POWER OF ATTORNEY** FOR PATENT APPLICATION

ATTORNEY DOCKET NO. 200309803-1

As a below named inventor, I hereby declare that:

My residence/post office address and citizenship are as stated below next to my name;

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and

joint inventor (if plural patent is sought on the Systems And Methods	invention	on entitled:		ich is claimed ar	nd for which a		
				hecked:			
	which is attached hereto unless the following box is checked:  as US Application No. or PCT International Application						
		and was amended on (if applicable).					
I hereby state that I he including the claims, a disclose all information	is amend	ded by any amendmen	t(s) referred to abov	ve. I acknowled	specification, ge the duty to		
Foreign Application(s) and/o	r Claim of	Foreign Priority					
I hereby claim foreign priori inventor(s) certificate listed a filing date before that of the	below and	under Title 35, United Stat have also identified below a ion on which priority is clain	ny foreign application for	any foreign application patent or inventor(s)	on(s) for patent or ) certificate having		
COUNTRY		APPLICATION NUMBER	DATE FILED	PRIORITY CLAIMED U	PRIORITY CLAIMED UNDER 35 U.S.C. 119		
				YES:	NO:		
				YES:	NO:		
Provisional Application							
I hereby claim the benefit ubelow:	ınder Title	35, United States Code Sec	ction 119(e) of any Unite	d States provisional a	application(s) listed		
		APPLICATION NUMBER	FILING DATE				
insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States at manner provided by the first paragraph of Title 35, United States Code Section 112, I acknowledge the duty to discontain as defined in Title 37, Code of Federal Regulations, Section 1.56(a) which occurred between the filing capplication and the national or PCT international filing date of this application:  APPLICATION NUMBER  FILING DATE  STATUS (patented/pending/abandoned)				o disclose material ng date of the prior			
POWER OF ATTORNEY: As a named inventor, I he business in the Patent and	ereby appo Frademark	int the following attorney(s Office connected therewith:		secute this applicatio	on and transact all		
Custome	r Number	022879	Place Customer Number Bar Code Label here				
Send Correspondence t	o:		Direct Telepho	one Calls To:			
HEWLETT-PACKARD Co		n	W. Bradley H	aymond			
P.O. Box 272400		541 715 0159		ĺ			
Fort Collins, Colorado	80527-240	0					
made on information with the knowledge imprisonment or both	and be that wi h. under	ments made herein of lief are believed to be Ilful false statements Section 1001 of Title ze the validity of the ap	true; and further the and the like so me 18 of the United St	at these stateme ade are punisha tates Code and t	ents were made able by fine or hat such willful		
Full Name of Inventor: La	<u>ura_Kra</u> ı	ner	Citizenship:_U	<u>s</u>			
	3864 NW Estaview PI Corvallis, OR 97330						
Post Office Address:	ame as	Residence	<del></del>	4-20-0			
Jawra Kramer 7/15/03							

## DECLARATION AND POWER OF ATTORNEY FOR PATENT APPLICATION (continued)

ATTORNEY DOCKET NO. 200309803-1

Full Name of # 2 joint inventor:	T rry M. Lambright		Citizenship: US
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Post Office Address:	Same as Residence		
Dyn. Lul	the	7/	14/03
Inventor's Signature	Da	ete	
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Residence:	4308 NW Jon Pl. Corvallis, OR 9733	30	
Post Office Address:	Same as residence		
Inventor's Signature	Osphich.	07	114/03
	Da	ate '	•
Full Name of # 4 joint inventor:	:		Citizenship:
Residence:			
Post Office Address:			
Inventor's Signature	D	ate	
Full Name of # 5 joint inventor:	i		Citizenship:
Residence:			
Post Office Address:			
Total Omico Addition			
Inventor's Signature	D	ate	
Full Name of # 6 joint inventor	:		Citizenship:
Residence:			
Post Office Address:			
Inventor's Signature	D	ate	
Full Name of # 7 joint inventor	·		Citizenshi <u>p:</u>
Residence:			
Post Office Address:			<del></del>
Inventor's Signature		ate	
	_		
Full Name of # 8 joint inventor	:		Citizenship:
Residence:	•		
Post Office Address:			
. cot Office Address.			<del></del>
Inventor's Signature		ate	<del></del>